

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390111	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/17/2023
NAME OF PROVIDER OR SUPPLIER: HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE			STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 SPRUCE STREET PHILADELPHIA, PA 19104		
STATE LICENSE NUMBER: 341101					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					
TITLE:					
(X6) DATE:					

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390111	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/17/2023
NAME OF PROVIDER OR SUPPLIER: HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE		STREET ADDRESS, CITY, STATE, ZIP CODE: 3400 SPRUCE STREET PHILADELPHIA, PA 19104			
STATE LICENSE NUMBER: 341101					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	Continued from page 1 This report is the result of a virtual occupancy survey conducted on July 17, 2023, at the Hospital Of The University Of Pennsylvania which included review of the area (Corridor-Suite 10-200A) designated for installation of a nitrogen gas generator and supporting components located at the Perelman School of Medicine, Department of Systems Pharmacology and Translational Therapeutics, Suite 10-200A, 10th Floor, Smilow Center for Translational Research, 3400 Civic Center Boulevard, Philadelphia, Pa. 19104. Based on the occupancy survey, it was determined the facility was in compliance with all applicable requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 Pa Code, Part IV, Subparts A and B, November 1987, as amended June 1998 and the current edition of the Guidelines for Design and Construction of Hospital and Health Care Facilities.	P 0000			



Certified End Page

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, THE

STATE LICENSE NUMBER: 341101

SURVEY EXIT DATE: 07/17/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY